



## ELIGIBILITY REQUIREMENTS FOR 2002

### TAX RELIEF FOR THE ELDERLY AND/OR DISABLED PROGRAM FOR MOBILE HOME OWNERS

COUNTY OF YORK, VIRGINIA

#### PLEASE READ CAREFULLY BEFORE FILLING OUT APPLICATION

1. The applicant(s) must own the mobile home in York County, Virginia and live in the mobile home for which the affidavit is being made for tax relief.
2. MINIMUM AGE - ELDERLY : 65 (as of December 31<sup>st</sup> of the previous tax year)  
MINIMUM AGE - DISABLED: NONE
3. **INCOME:** Total maximum combined **gross** income of previous year.

#### ADJUSTED INCOME GUIDELINES\*

<u>1 Eligible Owner</u>	<u>2 Or More Eligible Owners</u>	<u>Exemption</u>
\$23,200 - \$28,550/YR	\$26,525 - \$32,650	\$300.00
\$17,850 - \$23,000/YR	\$20,400 - \$26,525	\$420.00
UNDER - \$17,850/YR	UNDER - \$20,400	\$600.00

\*All income from individuals in the household is counted.

\*If you qualify as Permanently and Totally Disabled, \$7,500 of your income is not counted

4. **FINANCIAL WORTH/ASSETS:** Combined maximum financial worth (or assets) **not to exceed \$100,000, EXCLUDING** the value of dwelling & up to one (1) acre of land. **NOTE: VEHICLES:** we will figure the value of vehicles in the financial worth section.
5. **INCOME TAX: PLEASE FILE YOUR INCOME TAXES BEFORE YOU SUBMIT THIS APPLICATION.**  
If you are required to file an Income Tax Return, you must provide a copy of your FEDERAL INCOME TAX RETURN along with this affidavit.
6. **DISABLED STATUS:** Must have certificates or letter(s) stating total and/or permanent disability from one of the following:
  - Two letters from **different** medical doctors who have a license to practice medicine in Virginia; **OR**
  - Certification by the Department of Veteran Affairs; **OR**
  - Certification by the Railroad Retirement Board; **OR**
  - One letter from the Department of Social Security
7. A new application must be filed each year. Applications will be available to the public January 1 of each year.
8. Changes in income, financial worth, ownership or other factors affecting the qualification for relief must be reported immediately to the office of the Commissioner of the Revenue.
9. The **DEADLINE FOR FILING THIS AFFIDAVIT IS APRIL 1 annually.** If you wish for this exemption to be applied to the first tax billing, (June 5), this affidavit **MUST** be received by this office no later than **MARCH 1.**
10. **IF YOU HAVE ANY QUESTIONS, PLEASE CALL (757) 890-3381 or E-mail us at [revofc@yorkcounty.gov](mailto:revofc@yorkcounty.gov).** Mail completed applications to:  
**Ann H. Thomas, Commissioner of the Revenue, P.O. Box 90 Yorktown, Va. 23690-0090**



Ann H. Thomas  
Commissioner of the Revenue  
P.O. Box 90  
120 Alexander Hamilton Blvd.  
Yorktown, Va. 23690-0090  
(757) 890-3381

OFFICE USE ONLY			
Tax Map #:			Initials:
			First Year
Elderly:	<input type="checkbox"/>	Disabled:	<input type="checkbox"/> filed? <input type="checkbox"/>

**2002**  
**Affidavit for Tax Relief for the Elderly and Disabled**  
**Mobile Home Owners**  
Must be filed by April 1, 2002

Owners Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ S.S. No. \_\_\_\_\_  
Co-Owners Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ S.S. No. \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Street Address / P.O. Box #/ \_\_\_\_\_ City/ State/ Zip \_\_\_\_\_  
Owners Date of Birth: \_\_\_\_\_ Co-Owners Date of Birth: \_\_\_\_\_

**A.** A copy of my (our) Federal Income Tax Return is attached: YES \_\_\_\_ NO \_\_\_\_\_. If NO, I (we) certify that I (we) have no requirement to file a Federal Tax Return for 2001. **INITIALS** \_\_\_\_\_. If you are mailing your affidavit, please do not send the original Federal Income Tax Return.

**B.** Print names of **all relatives** who live with you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C.** Print name, address, and phone number of a **relative** or **friend** whom we may contact regarding your affidavit in the event we are unable to reach you at the above address or phone: Name: \_\_\_\_\_

Relation to you: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

D. Gross Income from 2001	Owner/Applicant	Co-Owner/Spouse	Relatives Living with You
1. Wages, Salaries, Tips, Etc.			
2. Interest Income			
3. Dividend Income			
4. State Income Tax Refund			
5. Total Pensions/Annuities (Gross Amount from 2000)			
6. Social Security Benefits (Gross Amount from 2000)			
7. Other Income (Identify)			
Total of Section D, Lines 1 - 7			
E. Combined Financial Worth (Do not include this Mobile Home)			Location of Accounts and/ or Properties:
	Owner/Applicant	Co-Owner/Spouse	
1. Checking Accounts			
2. Savings Accounts			
3. Cars, trucks, boats, trailers (List make, model and year, we will fill in the value)			

4. Stocks/Bonds/Mutual Funds			
5. Certificates of Deposit			
6. Cash Value of Insurance			
7. Real Estate			
8. All other (Identify)			
Total of Section E, Lines 1 - 8			

**F.** If you are filing for relief as **DISABLED**, you must furnish a letter from one of the following sources stating that you are permanently and totally disabled: A sworn affidavit from two (2) medical doctors who are licensed to practice medicine in Virginia; **OR** a letter from the Department of Veterans Affairs; **OR** a letter from the Railroad Retirement Board; **OR** a letter from the Department of Social Security

I (we), certify under penalty of law that I (we) have prepared or examined this affidavit and to the best of our knowledge and believe it is true, correct, and complete.

\_\_\_\_\_

Signature of Applicant/Owner

Date

\_\_\_\_\_

Signature of Co-Owner/Spouse

Date

\_\_\_\_\_

Signature of Preparer (If not applicant)

Date

\_\_\_\_\_

Phone number of Preparer

Date

**NOTE:** Any changes in income, financial worth, ownership of property or other factors affecting the qualification for relief must be reported **IMMEDIATELY** to the Office of the Commissioner of the Revenue (757) 890-3381.